



Town of Arlington
Department of Health and Human Services
Office of the Board of Health

27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

Waste hauler Permit Application

Fee: \$110.00 (payable to Town of Arlington)

The undersigned hereby applies for a permit to haul solid waste or recyclables in the Town of Arlington in accordance with Chapter 111, section 31A and 31B of the General Laws of the Commonwealth of Massachusetts as amended and subject to the rules and regulations of the Board of Health.

Business Name d/b/a: _____

Business Address: _____
Street _____ city/town _____ zip _____

Mailing Address: _____
(If different from above) Street _____ city/town _____ zip _____

Email: _____

Telephone: (_____) _____ Fax: (_____) _____

Contact Person: _____ Telephone: (_____) _____

Please circle or write the appropriate response to each question:

Do you offer recycling services to customers in Arlington? YES NO

If not, why? _____

Do you offer recycling services to **SOME** or **ALL** customers in Arlington?

Do you charge extra for recycling? **YES** **NO** **DEPENDS ON VOLUME**

If you do not offer recycling to ALL customers in Arlington, briefly describe which customers do not want recycling: [please list name of customer (s) or types of business (i.e. restaurant, retail store)]:

Are you aware of companies such as Recycling Works (recyclingworksma.com) that provide free advice to businesses who are trying to start recycling programs?

YES NO

***** Please attach a list of all facilities in the Town of Arlington from which you collect *****

Signed _____ Date _____